

RURAL DISTRICT COUNCIL
of
BRIDLINGTON.

Sanitary Authority.



REPORT
for the Year 1911,

OF

WILLIAM A. WETWAN, M.R.C.S.,

Member of the Royal Sanitary Institute,

Medical Officer of Health of the District.

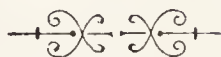


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REPORT, 1911.



BRIDLINGTON.

GENTLEMEN,

I have the honour to present my Annual Report on the Health of the Rural District of Bridlington.

The public health and sanitary progress of the District have been fairly maintained during the year 1911. In spite of a somewhat changeable atmosphere, at times extremely hot, at others wet and often very heavy, we have got through the year with a moderate amount of serious sickness amongst either young or old. A somewhat widespread crop of Measles with a few sporadic cases of Scarlet Fever and Diphtheria together with the irrepressible and protean Influenza constitute our record of morbidity during the year just passed. We did not have anything like the amount of mortality from Infantile Diarrhœa that was seen in so many other parts of the country, whilst the deaths of adults from diseases of the Respiratory Organs may be mostly attributed to individual idiosyncrasy and should not necessarily be taken to represent a much larger amount of non-fatal sickness of the same type.

I am of opinion that our District steadily becomes healthier year by year and should vastly improve under the influence of the Sanitary legislation of the past few years, which gives so great an increase of driving power to the Central Authority, and facilities and privileges to the County and District Councils of which it is to be hoped they will make full use. The great need of your

District as in most other parts of the country are those of "domestic sanitation," which includes the dwelling-house itself and everything connected with it, individual and communal; living-rooms, air-spaces, drainage and water supply are all involved and are all of nearly equal importance. The happiness, contentment, and working-power of the family alike depend on the domiciliary environment; and the improvement and perfection of this should be the object and ambition of every Sanitary Authority. No Sanatorium for treatment of Consumption can in any way equal the power for good possessed by the well-built, well-equipped and managed dwelling-house, for therein is found the means of so building up, fortifying and strengthening the individual unit as to render it immune to the attacks of its insidious enemy. Equally effective is it against disease of the dietetic type, and equally whether we regard Rheumatism and its allied troubles as proceeding from spores or general constitutional taint we find the dwellers in well ordered and ventilated houses are less liable to attack, and better able to counteract the debilitating and crippling effect of these diseases. With regard to Tuberculosis the limitations of Sanatorium treatment have become clearly defined. Its educational value undoubtedly is high, and the segregation of consumptives during the acute stages of the disease is of great value to the community; the temporary improvement obtained by residence and treatment in a well-equipped Sanatorium, often amounting to entire cessation of active processes of the disease for many years, is of the utmost benefit to both patient and community. But the frequency with which the destructive action recurs on return to home and business surroundings clearly show that we may expect more good to result from a business-like administration of the Housing Acts than the Sanatorium Benefit of the National Insurance Bill, if this piece of fancy legislation ever gets into working order. A collection of paradoxes and ill-digested facts, it seems more likely to remain the monument of good ideas gone astray than to become of much practical use in such a District as ours or anywhere else for the matter of that. Seeing that our total population is not large, the amount of Tuberculosis per cent of population probably very small and the greater part occurring in people likely to come under the Poor Law as soon as work is interfered with, **and** that all cases under or likely indirectly to come under Poor Law Administration are expressly excluded from the operation of the Act—it will scarcely repay a prolonged study until radically amended.

Here, however, I would remind you that the Central Authority having made Pulmonary Tuberculosis a Notifiable Disease (see post) throughout the country, it will be necessary to formulate some scheme of segregation and treatment for those cases

whose circumstances and environment require it—alike for their own welfare and the safety of the community.

The survey of the District under the Housing (Inspection of Districts) Order for the purposes of the Housing and Town Planning Act is progressing satisfactorily and may be available in the near future. The Census shows that there is a District average of 4·6 persons per occupied house—but some hamlets run as high as 9·5 and others as low as 3·4—whilst many so-called “houses” are wretched little two or three or four-roomed hovels built ages ago, and now quite worn out. Their sphere of usefulness is gone and they should follow. I have in other Reports pointed out that you have ample powers under the various Housing Acts for improving the dwelling accommodation in your District. You can compel the renovation of dilapidated houses, and the demolition of such as are unfit, and if private enterprise will not provide modern dwellings suitable to the population—you may do it yourselves or help others to supply this great want in the Rural parts of the country at the present time. There have been during 1911 a good many houses built in the District, adding to the rateable value and to that extent beneficial, but only very few are of the kind required by the working class and it is chiefly of their needs that I am writing.

In May I attended a Meeting in Beverley summoned by the East Riding County Council to consider whether there was a prima facie case for forming the East Riding into a Hospital-District for the purposes of the Isolation Hospitals' Act. The question of site was excluded from the discussion and as this is a most important factor in the question and for several other reasons, I advised you to resist inclusion in the District, and to provide your own Hospital accommodation. You have had during the greater part of the year a working arrangement to use the Borough Sanatorium and if this can be continued on more **reasonable** terms it is probably as good a solution of the question as can be devised. The present rates of payment however, having regard to the accommodation available and general management are prohibitive.

There is no question that Bridlington is much the most central and convenient point in the Union for the purposes of an Isolation Hospital. It has at an easy distance around it three-fourths of the population to be served and the means of communication are good. The site is ample and was acquired by the Urban Authority under my advice in the expectation that the two Authorities would eventually combine and carry on an efficient and sufficient Isolation Hospital to the mutual advantage of both the Urban and Rural ratepayers. If this desirable object cannot be attained however it

will be as well for each Authority to provide for its own infectious sick. You have offered to you a very good site at a reasonable rental on long lease, on which can be erected at a moderate cost partly permanent and partly temporary buildings on permanent foundations sufficient for all purposes so far as the Rural District is concerned, and which will meet with the approval of the Local Government Board. The only debateable point regarding the prospective site before you is the obtaining of water thereon at a reasonable cost—if this should prove abortive another site might no doubt be obtained in the near neighbourhood and in this direction the advantages of the Hunmanby Parish and Waterworks should not be lost sight of—a moderate sized Hospital here might easily be arranged to supply the needs of the great bulk of your own population and also be of great service under proper arrangement for the neighbouring town and district of Filey. I should strongly advise you **not** to enter into a long agreement with the Bridlington Corporation on the present terms—in a few years you will have spent as much as would provide all the Hospital you require, and would still be dependent on another Authority. Also I have to remind you that there is no provision made by either Authority for the isolation and treatment of Small Pox, and the unprecedented rate at which the unprotected part of the population is increasing means a fearful outbreak of disease sooner or later. History shows in every age and country the same frightful havoc wrought in an unprotected population; at times the disease rushes epidemically through a community leaving in its trail a host of dead, maimed and scarred unequalled even by a modern battle—whilst at others where the Small-Pox becomes endemic, sporadic cases are constantly occurring—no one feels secure, and no serious work can be undertaken without discounting the possibility of its being interrupted by Small-Pox. The only safeguard is vaccination and revaccination—sanitation alone cannot protect, and the only effective isolation is by a cordon of the vaccinated and of those who have had the disease. One of the most disastrous backward steps the Statute-Book can show is the Conscientious Objection Clause—belief has nothing to do with preventive medicine, which, like the curative treatment of disease is a matter of knowledge—for it has opened the door to the crude ideas of the careless and selfish and has left more than half of the infantile population of the country to run the risk of what was without exception the most fatal disease of childhood known, nor can its effects on Life Assurance and Fidelity Guarantee Policies be ignored, the best Companies consider that not less than 5 years should be added to the age of all proposals from unvaccinated persons. The condition of the Bridlington Union is clearly shown in the section of this Report dealing with Vaccination Statistics.

Early in the year my attention was called by adjoining residents as well as users of the Bridlington-Boynton road to the nuisance caused by the night-soil tip recently established by the Borough Council on the bank of the Gypsey Race on the boundaries of your District and which I brought to your notice in 1910. The stench was described as at times abominable—and this I can substantiate from personal observation. The site is a narrow strip of ground on the East bank of the stream, in parts down to water-level, and always liable to be flooded in the rainy season. Apart from the effluvium nuisance the impossibility of preventing pollution of the stream is so obvious that no further evidence is needed to show contravention of the Rivers Pollution Prevention Acts 1873—96, in which your privilege and procedure as an “adjoining Sanitary Authority” are laid down. In conjunction with the neighbouring owners you made representations to the Borough Council which, I believe, have had the desired effect.

The Water Supply of the District has received a good deal of my attention during the past year. It is with extreme pleasure that I record the success of the preliminary work at Hunmanby. The boring has already reached a depth of more than 250 feet, and the water promises to be abundant in quantity and highly satisfactory in quality. No analysis has yet been made. Whether it is possible to utilise these works in the service of Reighton parish is a question for the Engineers and public economists to decide, but there can be no two opinions of the urgency of giving Reighton village a suitable water supply. Several private attempts have been made to obtain water but so far, I think have proved abortive and it is clearly a case for the Council's action. I trust you will deal with it at an early date. The Flamborough scheme works well and has proved an inestimable boon alike to residents and visitors who now come to this charming and romantic sea-side village in ever-increasing numbers. The many smaller hamlets in the district all more or less suffer from the inadequacy of the supply, and in too many instances its unsatisfactory quality, but their difficulties require a different solution.

Matters of Drainage and general sanitary routine are well dealt with in Inspector Robson's excellent Report which covers a great deal of unobtrusive effective work. The beneficial effects of an energetic sanitary policy are seen in the village of Flamborough—which now only requires some system of public lighting, and provision against fire to enable it to take rank as a “go-a-head” seaside resort. Its situation is romantic, picturesque and healthy, and the provision of good water and a well-flushed sewerage have made it

quite a favourite spot for an unostentatious, healthy holiday. Great credit is due to an energetic and open-minded Parish Council. Hunmanby is, I am glad to say, now making efforts to follow similar lines with, I trust, equal success—but the Hunmanby main drainage scheme (sic) will require to be over-hauled before much success can attend its efforts. The Buckton-Bempton drainage has received some attention during the year and extensions have been made at Burton Agnes and Ulrome.

I note that dairies and cowsheds receive all necessary attention—but the cattle in them should at times be inspected by a competent Veterinary Surgeon. I would repeat my former recommendation to appoint a Veterinary Inspector who would also strengthen your staff in the matter of dead meat and slaughter-house supervision.

The Census returns show a slight increase on the 1901 Enumeration, although no part of Hilderthorpe is now included in the Rural District. This increase is I think mainly due to the development of the Fowthorpe estate in Hunmanby parish. Another point worthy of note is that in only five out of the 28 villages and hamlets of the District do the females outnumber the males—so that the popular idea that there are not enough men to supply all husbands required is scarcely correct. The District birth-rate is 24·8 as compared with 23·4 for the remaining portion of Rural England and Wales. With regard to the House Table relating to our District I think the term unoccupied would be more correct than uninhabited, for at the period of the Census many houses were only temporarily closed during the seasonal absence of their tenants. The Rural portion of the population of Hilderthorpe parish has now been divided between Bridlington Borough and Bessingby parish. The Marriage rate of your District shows a slight decline, but the Birth-rate is the highest of the last few years.

The proportional distribution of the sexes is as follows, we have however no available information as to age.

	Males.	Females.
Skipsea Sub-District ...	53·7	46·3 per cent of the whole.
Hunmanby do. ...	51	49 do.
Bridlington (Rural) do. ...	52·3	47·7 do.
<hr/>		
The whole District ...	52·2	47·8 per cent. of the whole.

POPULATION.

The local table of Parishes shows 107 deaths, and the table of gross mortality 97; the extra 10 are of inhabitants who died outside the limits of the Rural District, but whose deaths having to be considered in working out the mortality-rate, are allocated to their respective localities.

TABULAR SYNOPSIS.

Sub-District.	Estimated Population in 1911.	Births in 1911.	Birth Rate.	Deaths.		Death Rates in 1911.		
				At all Ages.	Under 1 year.	General.	Zymotic.	Infantile.
Rural Bridlington	2530	52	20·5	44	4	17·3	00·0	76·9
Hunmanby	3612	93	25·7	46	6	12·7	0·55	64·5
Skipsea	1611	40	24·8	17	6	10·5	0·00	150·00
Rural District.	7753	185	24·8	107	16	13·8	0·25	86·5

TABLE OF DWELLING-HOUSES AT CENSUS OF 1911

Sub-District.	Inhabited.	Uninhabited.	Building.
Rural Bridlington ...	570	47	3
Hunmanby ...	766	56	1
Skipsea ...	345	20	—
Total ...	1681	123	4

Name of Parish.	Population at Census in 1891.	Population at Census in 1901.	Population at Census in 1911.	Births in 1911	Deaths in 1911.	
					All Causes.	Zymotic.
Bessingby	87	170	228	1	2	...
Carnaby	200	192	189	7	0	...
Boynton	126	161	147	4	1	...
Easton	32	38	38	1	1	...
Sewerby and Marton	331	330	306	3	5	...
Buckton	141	158	165	6	2	...
Flamborough	1288	1189	1158	23	28	...
Bempton & Newsome	310	284	296	7	5	...
Rural Bridlington ...	2556	2602	2527	52	44	...
Hunmanby	1309	1289	1370	29	18	2
Speeton	151	146	150	3	1	...
Grindale	157	154	183	4	4	...
Argham	40	40	32	3	1	...
Rudston	578	552	566	16	6	...
Thwing and Octon ...	367	326	339	10	3	...
Wold Newton	292	274	298	5	4	...
North Burton	425	422	440	13	6	...
Reighton	252	219	183	9	3	1
Fordon... ..	38	38	39	1	0	...
Hunmanby Sub-Dist.	3609	3460	3600	93	46	3
Burton Agnes	321	326	340	7	7	...
Haisthorpe	121	118	112	2	3	...
Thornholme	115	84	77	3	0	...
Gransmoor	68	69	85	4	1	...
Lissett	105	98	97	0	0	...
Ulrome	198	187	157	4	3	...
Dringhoe, Upton, and Brough	156	136	113	5	2	...
Skipsea	341	288	326	13	1	...
Barmston	213	210	198	1	0	...
Fraisthorpe, Auburn, and Wilsthorpe ...	124	111	100	1	0	...
Skipsea Sub-District	1762	1627	1605	40	17	...
Rural District ...	8927	7689	7732	185	107	...

VITAL STATISTICS OF ENGLAND & WALES IN 1911.

The Birth-rate in England and Wales in 1911 was 24·4 per 1,000 of the population, which is 0·7 per 1,000 below the rate in 1910, and lower than the rate in any other year on record. Compared with the average in the ten years 1901-1910, the Birth-rate in 1911 showed a decrease of 2·8 per 1,000.

The Death-rate in 1911 was 14·6 per 1,000, which was 1·1 per 1,000 above the rate in 1910, and equal to the rate in 1909, but lower than the rate in any other year on record; compared with the average in the ten years 1901-1910, the death-rate in 1911 showed a decrease of 0·8 per 1,000.

The rate of mortality among infants under 1 year of age to 1,000 registered births was 130, which is 24 per 1,000 above the rate in 1910—the lowest on record—but is only 3 per 1,000 above the average in the ten years 1901-1910, notwithstanding the excessive heat and drought which prevailed in the third quarter of the year. The Death-rate among persons aged between one year and 65 years was 7·8, and that among persons aged 65 years and upwards was 88·6 per 1,000 of the estimated population at the respective groups of ages.

The Zymotic Death-rate was 0·88 per 1,000 living, against 0·99, 1·28, and 1·34 respectively in the three preceding years.

ANNUAL DEATH-RATE PER 1,000 LIVING.

	Birth Rate.	Death Rate,		Enteric Fever	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Diarrhoea and Enteritis under 2 years.	Deaths under 1 year per 1000 Births.
		Crude.	Correc- ted.								
Columns	1	2	3	4	5	6	7	8	9	10	11
England and Wales ...	24.4	14.6	14.6	0.07	0.00	0.36	0.05	0.21	0.13	0.06	130
77 Great Towns ...	25.6	15.5	16.4	0.06	0.00	0.47	0.06	0.24	0.15	1.31	140
136 Smaller Towns ...	23.4	13.8	14.4	0.07	0.00	0.41	0.06	0.18	0.12	1.14	133
England and Wales } less the 213 Towns }	23.4	13.9	13.1	0.07	0.00	0.22	0.04	0.19	0.11	0.77	118

The Vital Statistics of England and Wales, together with this table, are taken from the Registrar-General's Report for the final quarter of 1910.

MARRIAGES.

The number of Marriages in the Rural District in 1911 was 36, being at the rate of 9·2 persons married to each 1,000 living. The Marriage-rate for the three immediately preceding years was 9·7, 9·29, and 10·4. The mean average for the ten years 1901-1910 for England and Wales was 15·4.

BIRTHS AND BIRTH-RATES.

There were 185 Births registered in the Rural District during 1911, which is equivalent to a Birth-rate of 24·8 per 1,000 living, as compared with 23·1 in 1910, 22·5 in 1909, and 23·8 in 1908.

The Sub-District Birth-rates were:—Rural Bridlington, 20·5; Hunmanby, 25·7; and Skipsea, 24·8. The Illegitimate Births number 16, and equal an Illegitimate Birth-rate of 2·06 per 1,000 of the population, and 8·7 per cent of the total Births.

TABLE OF QUARTERLY TOTALS (BIRTHS.)

1911.				1910.		
BRIDLINGTON SUB-DISTRICT.	Males.	Females.	Total.	Males.	Females.	Total.
1st Quarter	5	5	10	2	8	10
2nd Quarter	1	9	10	6	12	18
3rd Quarter	12	8	20	4	5	9
4th Quarter	7	5	12	4	7	11
Totals...	25	27	52	16	32	48
HUNMANBY SUB-DISTRICT.						
1st Quarter	8	8	16	12	14	26
2nd Quarter	9	22	31	14	8	22
3rd Quarter	14	7	21	16	13	29
4th Quarter	19	6	25	16	5	21
Totals...	50	43	93	58	40	98
SKIPSEA SUB-DISTRICT.						
1st Quarter	4	7	11	5	2	7
2nd Quarter	1	6	7	5	3	8
3rd Quarter	3	6	15	3	5	8
4th Quarter	5	2	7	3	3	6
Totals...	19	21	40	16	13	29
Totals for Rural District	94	91	185	90	85	175

DEATHS AND DEATH-RATES.

The corrected Deaths for the Rural District in 1911 were 107, against 82 in 1910 and 84 in 1909. The Death-rate from all causes at all ages was 13·8 per 1,000 living, as compared with 10·8, 11·03 and 12·3 in 1910, 1909 and 1908 respectively, and 13·1 for Rural England in 1911.

TABLE OF QUARTERLY TOTALS (DEATHS.)

1911.				1910.		
BRIDLINGTON SUB-DISTRICT.	Males.	Females.	Total.	Males.	Females.	Total.
1st Quarter	2	4	6	1	2	3
2nd Quarter	2	6	8	4	3	7
3rd Quarter	11	6	17	4	2	6
4th Quarter	5	8	13	2	2	4
Totals	20	24	44	11	9	20
HUNMANBY SUB-DISTRICT.						
1st Quarter	14	7	21	2	6	8
2nd Quarter	3	4	7	3	4	7
3rd Quarter	7	3	10	10	3	13
4th Quarter	3	5	8	4	10	14
Totals...	27	19	46	19	23	42
SKIPSEA SUB-DISTRICT.						
1st Quarter	0	0	0	3	3	6
2nd Quarter	3	1	4	2	4	6
3rd Quarter	0	5	5	3	2	5
4th Quarter	5	3	8	0	3	3
Totals..	8	9	17	8	12	20
Totals for Rural District	55	52	107	38	44	82

There were 16 deaths of children under one year of age, being in the proportion of 86·4 infantile deaths to each 1,000 registered births, and 31·6 below the rate for Rural England and Wales in 1911, and 9·6 below the corresponding rate for 1910.

Of these infantile deaths 3, or 18·7 per cent., were born out of wedlock, and represent 18·7 per cent. of the illegitimate births of the year.

CAUSE OF DEATH.	AGE.						SEX.		Registration Sub-District			QUARTER OF YEAR.				
	Under 1 year.	From 1 to 5.	From 5 to 15.	From 15 to 25.	From 25 to 65.	From 65 upwards.	Males.	Females.	Bridlington.	Hunmanby.	Skipsea.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Influenza .. .. .	..	..	..	..	1	..	1	..	..	..	..	1	..	..	..	1
Measles	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	2
Diarrhœa	3	1	..	..	..	..	2	2	2	1	1	..	..	4	..	4
Phthisis .. .. .	..	1	..	2	2	..	2	3	2	3	..	..	1	2	2	5
Cancer and Malignant Disease .. .. .	..	..	..	..	1	6	1	6	4	3	..	3	1	1	2	7
Diabetes .. .. .	..	..	..	..	1	..	1	..	..	..	..	1	..	..	..	1
Diseases of Brain and Spinal Cord.. .. .	2	..	1	..	5	6	6	8	5	7	2	3	1	5	5	14
Diseases of Heart .. .. .	..	..	1	..	1	6	5	3	4	4	..	4	1	3	..	8
Bronchitis, Pneumonia, & Pleurisy	1	3	1	1	1	5	5	7	6	9	..	4	4	2	2	12
Diseases of Abdominal Viscera	3	..	..	..	1	4	1	7	4	2	2	1	3	2	2	8
Child-birth .. .. .	..	..	..	1	..	..	..	1	..	..	1	..	..	1	..	1
Debility and Wasting	1	..	..	..	1	..	1	1	2	..	..	..	1	..	..	2
Premature Birth	3	..	..	..	..	..	2	1	..	1	2	..	1	..	2	3
Senile Decay .. .. .	..	..	..	..	..	16	11	5	7	6	2	3	3	3	7	16
Accidents .. .. .	..	..	..	1	5	2	5	3	5	0	3	..	2	3	3	8
Natural Causes	1	1	..	..	3	3	7	1	4	3	1	1	1	5	1	8
Inquests .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	16	6	3	5	22	48	52	48	45	40	15	23	19	32	26	100

CAUSES OF DEATH.

There were two deaths during the year from Zymotic Disease, and one from Influenza. Cancer and Malignant Disease accounted for seven deaths, as against ten in the preceding year, whilst five deaths, the same number as in 1910, were due to Tuberculosis. There were sixteen Coroners' inquests, and the same number of deaths from senile decay. The number of deaths from Premature Births was three, as in the previous year, but there were no deaths from Teething.

AGE.

There were 25 deaths of children under 15 years of age; 48 persons had attained to 65 years and upwards, with 27 in the middle period of life. The figures for 1910 and 1909 were 20, 33 and 44, and 14, 33 and 29 respectively.

INFECTIOUS DISEASES (NOTIFICATION) ACT.

Disease.	Rural District.	SUB-DISTRICT.			1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
		Rural Bridlington.	Hunmanby.	Skipsea.				
Diphtheria ...	2	2	...	...	1	...	1	...
Erysipelas ...	2	...	1	1	1	...	...	1
Scarlet Fever...	28	3	20	5	4	3	3	18
Enteric Fever...	4	1	3	...	...	3	1	...
Puerperal Fever	1	...	...	1	...	...	1	...
Measles ...	96	...	96	...	95	...	1	...
Totals ...	133	6	120	7	101	6	7	19

Of these cases fourteen were removed to the Borough Sanatorium, viz.:—9 cases of Scarlet Fever, 2 of Diphtheria, and 3 of Typhoid Fever.

NOTIFICATION STATISTICS FOR YEARS
1902-1911.

Disease.	1902	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910	1911
Diphtheria ...	...	6	1	5	48	22	16	6	13	2
Erysipelas ...	5	1	6	6	6	2	1	1	1	2
Scarlet Fever ...	41	9	6	13	9	2	4	4	13	28
Enteric Fever ...	7	...	1	7	1	...	1	1	3	4
Puerperal Fever	...	...	...	...	...	1	...	...	...	1
Measles ...	12	10	142	31	126	82	15	1	34	96
Totals ...	24	26	156	62	190	109	37	13	64	133

In making the Pulmonary Tuberculosis occurring in all classes of the population notifiable throughout the country, the Government has taken the initial and most important step towards dealing with this plague, and we hope ultimately of stamping it out. We want accurate information as to the extent of the disease and intensity of the poison before we can effectually organise methods of curative and preventive action. But in our earnest desire to cure disease and protect the public we must not lose sight of the essential difference between Tuberculosis of the Respiratory System and other notifiable diseases —there should in this class of disease be no obtrusive inspections and reports, but everything should be done in the quietest and most unostentatious manner possible. The nerve-centres become very irritable, the patient is impressionable, excitable, and takes an exaggerated view of every trifling occurrence—is in a high state of hope or reduced to despondency for very inadequate reasons. Let me quote the Local Government Board's circular, with which I may say I am in entire agreement, and let me add that I had for many years unique opportunities of studying the clinical aspects of the disease, and discovered the value of a combined treatment of pure air, sunshine, and abundant food, and practised it with success before the Nordrecht method was generally known in this country, and therefore do not speak without knowledge:—

“The fact that the patient may be trained, and may as a result cease to be a source of infection, in which case he need be subjected to no disability, should be made clear both to the patient in the interests of society, and to society in the interests of the patient. It is for this reason that education must occupy an important place in the campaign against this disease.”

“It is of course unnecessary and undesirable that notification should involve publicity. The Board have no doubt that local authorities and their officers will avoid doing anything that could cause pain or annoyance to patients or their friends. It cannot be too strongly emphasised that any records kept by a Medical Officer of Health in relation to persons notified should be regarded as strictly confidential documents, for whose custody the Medical Officer of Health is personally responsible. The register to be kept by a Medical Officer of Health under Article VII (2) of the new Regulations is to be open to inspection only by a person duly authorised by resolution of the Council, by the Medical Officer of Health of the County,” and so on.

You have adopted the Central Authority's suggestion and made Acute Polio-Myelitis and Epidemic Cerebro-spinal Meningitis notifiable in your district. This will ensure earlier information of the appearance of the diseases in your district, and more complete

knowledge of the extent of the infection—for notification generally leads to greater accuracy of observation. In these two diseases, also, if proper isolation and treatment cannot be obtained at home, the patient should be taken to an Isolation Hospital.

Of the 24 specimens sent for bacteriological examination, 21 were throat swabs, and furnished 19 negative and 11 positive results. Of the remaining three, one was Phthisis (positive) and two Enteric (one positive and one negative.)

DEATHS FROM CERTAIN DISEASES IN THE YEARS 1902-1911.

	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910	1911.
Diarrhœa ... ..	...	1	4	2	1	1	...	...	1	4
Measles ... ..	...	...	1	...	2	3	...	...	...	2
Enteric Fever ...	...	..	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	..
Diphtheria ... ..	...	...	1	2	4	4	...	...	1	...
Influenza ... ..	...	...	...	2	2	4	3	1	1	1
Childbirth... ..	...	1	3	...	2	1	...	...	...	1
Bronchitis, Pneumonia ...	9	10	12	17	11	9	7	8	5	12
Tuberculosis ...	7	11	4	15	9	6	12	4	5	5
Cancer	4	4	5	8	10	4	8	5	10	7

VACCINATION STATISTICS.

The following table relates to Vaccination in the Bridlington Registration Sub-District, the Borough of Bridlington contributing the bulk of the population, but the paragraph following relates to the Hunmanby and Skipsea Sub-Districts, each being a vaccination area. Such portion of Bridlington as is outside the Borough boundary, together with Hunmanby and Skipsea areas, form the Rural Sanitary District. The figures are the complete returns of 1910 and previous years.

In 1910, in the Hunmanby and Skipsea Sub-Districts, there were 125 births, of which 80 were successfully vaccinated, 24 were exempt on account of "conscientious objection," 9 died unvaccinated, one removed to a district known, the Vaccination Officer of which was duly notified, 8 removed to districts unknown, and three were postponed by medical certificate.

For the first half of 1911, there were registered in the whole Union 239 births; of these 86 were successfully vaccinated, 9 died

unvaccinated, 120 were exempt on account of "conscientious objection," 6 were postponed by medical certificate, 3 removed to districts known, the Vaccination Officers of which were duly notified, 8 removed to districts unknown, and 7 were lost sight of.

Year.	Births.	Successfully Vaccinated.	Insusceptible.	Died Unvaccinated.	Postponed by Medical Certificate.	Removed to Districts known.	Removed to Districts unknown.	Conscientious Objectors	Unaccounted for.	Per cent. lost sight of or unaccounted for.
1899	373	268	6	36	10	4	7	17	25	8.5
1900	363	263	1	41	1	1	17	23	33	9.09
1901	396	291	...	51	4	2	11	32	5	4.0
1902	382	313	2	32	3	1	11	18	2	3.4
1903	366	284	2	29	...	...	18	25	8	7.1
1904	382	269	6	34	...	...	17	45	11	7.3
1905	352	262	1	24	1	1	25	23	15	11.3
1906	353	261	1	22	...	2	15	39	12	7.6
1907	353	207	3	27	2	6	14	66	28	11.8
1908	296	117	2	21	...	1	13	125	17	10.1
1909	342	110	1	30	...	...	14	164	23	10.8
1910	308	92	...	18	...	1	10	177	10	6.4

It is, of course, ridiculous to suggest that the parents of 177 children out of 308 "conscientiously believed" that vaccination would seriously damage their particular child's health, and made oath to that effect—it is not sufficient to express a casual disbelief in the efficacy of vaccination, for they possess neither the knowledge nor experience which would alone entitle them to express an opinion. There is clearly great carelessness shown in granting exemption certificates, and slackness of administration on the part of the Vaccination Authority.

I enclose Inspector Robson's Report, and append the various additional Tables required by the Local Government Board.

I am, Gentlemen,

Your obedient Servant,

W. A. WETWAN, M.O.H.

To the Rural District Council,

Bridlington.

Bridlington Rural District Council.

BRIDLINGTON,

FEBRUARY, 1912.

SIR,

I beg to report upon the sanitary administration of the District during the past year.

The customary work of inspection has been carried out as usual, and requisite attention has been given to all matters which came under my notice as the result of inspection, or were brought to my notice by way of complaint. These were suitably dealt with, without trouble, and in only one case of a nuisance was it necessary to take authoritative steps to procure abatement. No obstruction has been met with, and in most cases where my intervention was called for the business was settled in a peaceable manner. It is only in urgent and troublesome cases that employment of the powers of compulsion possessed by sanitary authorities is found necessary,

The premises of the Cowkeepers and Milk Purveyors in the District were visited and inspected, and were generally found to be in a satisfactory condition. The only cause of complaint usually is a carelessness in some cases in regard to the necessity for regular removal of manure.

The same number of private slaughter-houses as before exist in the District, namely 9, including one new building which has superseded an old one. I have frequently visited these places, and have without exception found them well conducted and in good order.

The inspection required by the Factories and Workshops Act, 1901, has been made, but in this District there are very few places for which the provisions of that Act were framed.

The public work done in the District did not amount to much, consisting of sewer extensions at Burton Agnes and Ulrome, the cleansing of open sewers, and the repair and upkeep of public pumps, etc.

There has been a slight increase upon our usual record in the way of Scarlet Fever outbreaks. These were attributed almost

wholly to the introduction of infection from a neighbouring area, but the small epidemic cost this District a considerable sum for isolation treatment. Three cases of Typhoid Fever at Hunmanby were suspected of having been caused by the use of water from a shallow well. Prompt steps were taken to have the well closed and filled up.

HOUSING (INSPECTION OF DISTRICT) ORDER, 1910.

The inspection required by this Order is proceeding, and will very shortly be completed, and I expect to lay the result before the Council at an early date as a special report. The investigation will shew that action on the part of the Council is very necessary in respect to the closing of certain cottages, compelling owners of other places to enlarge and improve them, and themselves entering upon building schemes or inducing private owners to build, in order to supply the deficiency of suitable rural housing. It is evident that the time has arrived when serious attention must be given to this question, and there is little doubt that the awakening will be all for the general good.

I append a tabular statement, in the form suggested by the County Medical Officer of Health in his circular letter of the 19th January last.

I am, Sir,

Your obedient Servant,

F. H. ROBSON.

To the
Medical Officer of Health.

SANITARY WORK CARRIED OUT DURING 1911.

Dwelling-houses inspected	...	...	...	...	290
„ disinfected or cleansed	...	...	...	...	13
„ house yards paved and repaired	...	...	...	...	1
„ structurally repaired	...	...	...	...	1
Defective privies and ashpits	...	...	...	...	4

Defective house drains—

New drains laid	...	...	...	...	...	3
Drains altered or repaired...	...	...	...	...	...	7
Nuisances from animals abated	...	...	...	...	...	6
Other nuisances abated...	...	...	...	...	...	6

Water supplies—

Houses newly supplied from water mains	...	...	...	...	...	14
Wells closed, water unsafe	...	...	...	...	...	1
Samples of water sent for analysis	...	...	...	...	...	1

Dairies and cowsheds—

Number on the register	...	...	...	...	...	76
Visits to cowsheds...	...	...	...	...	...	75
„ dairies	...	...	...	...	...	1
Defects found and remedied	...	...	...	...	...	6

Slaughter Houses—

Number on the register	...	...	...	...	...	9
Visits to	...	...	...	...	...	18

In only one case was a Statutory Notice to abate a nuisance served. The remainder were dealt with verbally or by informal letter.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1911 AND PREVIOUS YEARS.

Year	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un- corrected Number.	Nett.		Number.	Rate,	of Non-resi- dents reg'ts in the District	of Non-resi- dents not reg in the District	Under 1 Year of Age		At all Ages.	
			Number.	Rate.					Num- ber.	Rate per 1000 Nett Bths	Num- ber.	Rate,
I	2	3	4	5	6	7	8	9	10	11	12	15
1906	7714	208			104	13.4	5	6	20		105	13.6
1907	7674	188			97	12.6	2	7	21		102	13.2
1908	7638	182			88	11.5	6	6	13		88	11.5
1909	7601	171			76	10.02	1	8	12		83	10.9
1910	7570	175			77	10.17	0	5	11		82	10.8
1911	7764	185	188	24.2	100	12.8	3	10	16	85.1	107	13.8

Area of District, 60,000 acres. Total population at all ages, 7732. Number of Inhabited Houses, 1681.
Average number of persons per house, 4.6, at Census of 1911.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1911.

NOTIFIABLE DISEASE.	At all Ages.	TOTAL CASES NOTIFIED IN EACH LOCALITY.			TOTAL CASES REMOVED TO HOSPITAL.
		Rural Brid'ton.	Hun- manby.	Skipsea.	
Diphtheria	2	2	...	...	2
Erysipelas	2	...	1	1	...
Scarlet fever	28	3	20	5	9
Enteric fever	4	1	3	...	3
Puerperal Fever	1	...	...	1	...
Other Diseases	96	...	96	...	...
Totals	133	6	120	3	14

CAUSES OF, AND AGES AT, DEATH, DURING THE YEAR 1911.

CAUSES OF DEATH.	All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards.
Enteric Fever ...	1	...	...	...	...	...	1	...	...
Measles ...	2	2	...	...	...	...	...	...	...
Influenza ...	1	...	...	...	...	...	...	1	...
Phthisis (Pulmonary Tuberculosis) ...	6	...	...	1	...	2	2	1	...
Cancer ...	7	...	...	...	...	...	...	...	7
Bronchitis ...	5	1	...	1	...	...	...	...	3
Broncho-Pneumonia ...	3	...	...	1	1	...	...	...	1
Pneumonia (all other forms) ...	1	...	...	...	...	1	...	...	...
Other Disease of Respiratory Organs ...	2	...	1	...	...	...	...	...	1
Diarrhœa and Enteritis ...	7	5	1	...	...	...	...	...	1
Appendicitis and Typhlitis ...	1	...	...	...	...	1	...	...	...
Puerperal Fever ...	1	...	...	...	...	1	...	...	...
Congenital Debility and Malformation, including Premature Birth ...	3	3	...	...	...	...	...	...	...
Violent Deaths ...	4	...	...	...	...	...	3	...	1
Suicides ...	...	...	...	...	...	...	...	1	...
Other Defined Diseases...	56	4	...	...	1	2	4	7	38
Diseases ill-defined or unknown ...	6	1	1	...	...	...	2	1	1
All Causes ...	107	16	3	3	2	7	12	11	53

PHTHISIS: SANATORIUM AND HOSPITAL ACCOMMODATION.

Two wards in the Bridlington Union Infirmary, previously used for the reception of fever cases, have recently been fitted up for the use of Poor-Law patients suffering from Phthisis.

REPORT OF THE MEDICAL OFFICER OF HEALTH on the administration of the Factory and Workshops Act, 1901, INSPECTIONS.

Premises.	Number of Inspections	Number of Written Notices.	Number of Prosecutions.
Factories (Including Factory Laundries)	...	...	...
Workshops (Including Work- shop Laundries)	35	...	...
Workplaces (Other than Out- workers' premises)		...	...
Total	35	...	...

DEFECTS FOUND IN FACTORIES, &c.

Defects found in Factories, Workshops and Workplaces	...	I
Defects remedied	„ „ „	...

REGISTERED WORKSHOPS.

1. Agricultural, Engineering, Motor, and Brick Works	...
3. Brick Works	... ..
1. Ropery	... ..
The remainder are Tailors, Blacksmiths, Wheelwrights, &c.	

35

Total Number of Workshops on Register	35
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